



Indiana Discharge Monitoring Report Form 30530  
MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Revision Pending Approval - January 2006

FACILITY NAME AND ADDRESS:

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.  
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE  
28TH OF THE FOLLOWING MONTH.  
Mail To: Indiana Department of Environmental Management  
Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

Facility e-mail address:

I N         
PERMIT NUMBER

OUTFALL NO.

MO. YR.

EFFLUENT CHARACTERISTICS		FLOW	pH							
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition									
	Monitored									
FREQUENCY	Permit Condition									
	Monitored									
EFFLUENT LIMITATIONS	Permit Minimum									
	Permit Average									
	Permit Maximum									
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
		1								
		2								
		3								
		4								
		5								
		6								
		7								
		8								
		9								
		10								
		11								
		12								
		13								
		14								
		15								
		16								
		17								
		18								
		19								
		20								
		21								
		22								
		23								
		24								
		25								
		26								
		27								
		28								
		29								
		30								
		31								
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
NO. OF TIMES WEEKLY OR DAILY EFFL. LIMITATIONS EXCEEDED										
TOTAL FLOW										

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)

DATE

PHONE NUMBER

CERTIFICATION NO.

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
OR AUTHORIZED AGENT)

DATE



Indiana Discharge Monitoring Report Form 30530  
MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Revision Pending Approval - January 2006

FACILITY NAME AND ADDRESS:

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.  
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE  
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management  
Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

I N

PERMIT NUMBER

OUTFALL NO.

MO.

YR.

EFFLUENT CHARACTERISTICS		Q		C		Q		C		Q		C		Q		C	
EFFLUENT PARAMETER NUMBER																	
SAMPLE TYPE	Permit Condition																
	Monitored																
FREQUENCY	Permit Condition																
	Monitored																
EFFLUENT LIMITATIONS	Permit Minimum																
	Permit Average																
	Permit Maximum																
UNITS =		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
MONTHLY AVERAGE																	
HIGHEST VALUE																	
LOWEST VALUE																	
NO. OF TIMES WEEKLY OR DAILY EFFL. LIMITATIONS EXCEEDED																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)

DATE

PHONE NUMBER

CERTIFICATION NO.

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
OR AUTHORIZED AGENT)

DATE

Page of



Indiana Discharge Monitoring Report Form 30530  
**MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS**

Revision Pending Approval - January 2006

FACILITY NAME AND ADDRESS:

--

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.  
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE  
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management  
Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

I	N							
---	---	--	--	--	--	--	--	--

PERMIT NUMBER

--	--	--	--	--

OUTFALL NO.

--	--	--	--

MO. YR.

EFFLUENT CHARACTERISTICS									
EFFLUENT PARAMETER NUMBER									
SAMPLE TYPE	Permit Condition								
	Monitored								
FREQUENCY	Permit Condition								
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average								
	Permit Maximum								
UNITS =									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY OR DAILY EFFL. LIMITATIONS EXCEEDED									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)

DATE

PHONE NUMBER

CERTIFICATION NO.

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
OR AUTHORIZED AGENT)

DATE  
Page of